

# MINNEAPOLIS DISTRICT DENTAL SOCIETY SPRING FLING

ANNUAL MEETING

**Warehouse Winery**

Monday, April 11, 2016

6:00 p.m. - 9:00 p.m.

6415 Cambridge Street • Saint Louis Park, Minnesota

Come Enjoy an Evening of Celebration with Colleagues,  
Lovely Wines, Specialty Craft Beers, and Delicious Food!



Presentation of the  
Guest of Honor Award to  
Douglas L. Lambert, D.D.S.



Honoring New Members,  
25- and 50- Year Members.

Honoring Incoming President  
Leilani L. LaBelle, D.D.S.



Reservation Form on Reverse Side

# Registration Form

## Monday April 11, 2016



**Warehouse Winery**

6415 Cambridge Street  
Saint Louis Park, Minnesota

Located in the heart of a warehouse district, the winery is a hidden gem that will leave you raving when the evening is done, wishing there was more time. A unique one-of-a-kind atmosphere with an artistic & eclectic décor. You will have an unforgettable experience! With large open spaces, and a relaxed atmosphere, the Warehouse Winery is the perfect place for our celebration. Please come celebrate with us as we honor **Dr. Douglas L. Lambert** as the **2016 Guest of Honor** and the incoming officers of the Minneapolis District: **Drs. Leilani L. LaBelle**, President, **Cindy Trosen Sundet**, President - Elect, **Herbert W. Schulte**, Secretary Treasurer, and the Vice President TBD.

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Fax, Mail or Phone your Reservation Early - Payment Must Accompany your Reservation.  
**No Refunds after noon on Wednesday, April 6, 2016.**

Member Name: \_\_\_\_\_

Spouse / Guest: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Event Fee (per person) \$40 (cash bar) \_\_\_\_\_ Number of Attendees

**MAIL TO: Minneapolis District Dental Society**

2475 - 15<sup>th</sup> Street NW, Suite C, New Brighton, MN 55112-5606

**FAX TO: 651.631.9846 (if paying by credit card)**

Payment Method: \_\_\_\_\_ Check Enclosed \_\_\_\_\_ Mastercard / Visa

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Zip Code of Billing Address: \_\_\_\_\_ Signature : \_\_\_\_\_